

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869307

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			51					
2						52					
3	/	/	/			53					
4	/	/	/			54					
5	/	/	/			55					
6	/	/	/			56					
7	/	/	/			57					
8	/	/	/			58					
9	/	/	/			59					
10	/	/	/			60					
11	/	/	/			61					
12	/	/	/			62					
13	/	/	/			63					
14	/	/	/			64					
15	/	/	/			65					
16	/	/	/			66					
17	/	/	/			67					
18	/	/	/			68					
19	/	/	/			69					
20	/	/	/			70					
21	/	/	/			71					
22	/	/	/			72					
23	/	/	/			73					
24	/	/	/			74					
25	/	/	/			75					
26	/	/	/			76					
27	/	/	/			77					
28	/	/	/			78					
29	/	/	/			79					
30	/	/	/			80					
31	/	/	/			81					
32	/	/	/			82					
33	/	/	/			83					
34	/	/	/			84					
35	/	/	/			85					
36	/	/	/			86					
37	/	/	/			87					
38	/	/	/			88					
39	/	/	/			89					
40	/	/	/			90					
41	/	/	/			91					
42	/	/	/			92					
43	/	/	/			93					
44	/	/	/			94					
45	/	/	/			95					
46	/	/	/			96					
47	/	/	/			97					
48	/	/	/			98					
49	/	/	/			99					
50	/	/	/			100					
51	/	/	/			TOTAL IND.					
52	/	/	/			TOTAL DEP.					
53	/	/	/			TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS